



TOWN OF DEDHAM, MASSACHUSETTS

SEASONAL INFLUENZA VACCINE 2010-2011
CHILD VACCINE ADMINISTRATION RECORD

Information about the person to receive vaccine (please print)

Name: (Last, First, MI)		Birth date:	Age:	Sex: M F
Street address:				
City:	State:	Zip:	Phone:	

I give permission to vaccinate

(Signature of person to receive vaccine or that person's guardian)

X _____ Date _____

For Clinic/Office Use:

Vaccine Name	Vaccine Manufacturer:	Vaccine Lot Number:	Date Vaccine Administered:	Vaccine Type:	Injection Site: *(Circle)	Injection Route: *(Circle)
Seasonal Influenza	Sanofi Pasteur	UH224AB Exp 06/30/2011	(MM/DD/YY)	Dose #1	Right Arm Left Arm	Intramuscular Intranasal
Fluzone				Dose #2	Right Arm Left Arm	Intranasal Intramuscular

Clinic Site Name: Dedham Health Department Site PIN#: 10349

Clinic Address: 26 Bryant Street, Dedham

Date Vaccine Information Statement (VIS) given: _____ Date on VIS: 08/10/2010

Signature of Vaccine Administrator: _____ Date: _____

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

(to be completed if a participant in Public Health Flu Vaccine Program is under the age of 18 yrs)

I/We, the undersigned father, mother or guardian (circle or insert legal relationship to minor volunteer, e.g. “parent,”) of _____ (insert name of minor volunteer) (“my child”), a minor, do hereby consent to my child’s participation in the Town of Dedham’s public flu vaccine program as a recipient of Influenza Vaccine and in consideration of my child being allowed to participate in said public health program, and for other good and valuable consideration hereby acknowledge, I/We also agree to forever RELEASE the Town of Dedham, Massachusetts and all their successors, employees, staff, officers, agents, board members, representatives, volunteers, contractors and any all and all individuals and organizations assisting or participating in programs of the Town (“the Releasees”) from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys’ fees, however arising, from known and unknown injuries to my child as a direct or indirect consequence of the administration of such vaccine or my child’s participation in such public health program which I/we may now or hereafter have as the parent(s) or guardian (s) of said minor child and which said minor child has hereafter may acquire, either before of after reaching majority.

I/We further acknowledge that such participation in such public health flu vaccine program is voluntary and may expose said minor child to the risks of such vaccine. I/We therefore also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description, including damages, costs and attorneys’ fees, however arising, as a direct or indirect consequence of my child’s participation in such program and I/We hereby covenant, for ourselves and our child, not to sue the said Releasees on account of any such claim, demand or liability.

I/We further affirm that I/we have read this Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participation in this program is voluntary and that my child and I/we are free to choose not to participate in said program. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in said public health program with full knowledge that the Releasees will not be liable to anyone for personal injuries and /or death my child or I/we may suffer as a result of intentional or negligent acts of the Releasees in connection with said public health program.

Signed:

Parent(s) or Guardian(s) of

This form may not be altered